

EXHIBIT D
CERTIFICATION TO DEPARTMENT OF INSURANCE OF
COMPLETION OF COURSE
IDAHO DEPARTMENT OF INSURANCE CONTINUING EDUCATION RULE NO. 53

Course Sponsor/Provider Name _____

Course Title _____

Course Number _____ Number of Credit Hours _____

Instructor _____

| Presentation/ Completion Date | Time Started | Time Stopped | Total Time Spent on Subject |
|--|-------------------------|-------------------------|--|
| | | | |
| | | | |

I HEREBY CERTIFY THAT THE FOLLOWING INDIVIDUALS SATISFACTORILY COMPLETED THE FOREGOING CONTINUING EDUCATION COURSE AND THAT SAID COURSE WAS PRESENTED IN COMPLIANCE WITH DEPARTMENT OF INSURANCE RULE NO. 53:

| <u>NAME (PLEASE PRINT)</u> | <u>LICENSE NO.</u> | <u>COMPLETION DATE</u> |
|----------------------------|--------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Attach additional sheets if necessary, do not write on back.)

CREDIT FOR COURSE BASED ON: ☐ ATTENDANCE ☐ REPORT ☐ EXAMINATION

Date

Signature of Provider/Sponsor Representative

Name (Type or Print)

**NOTE: THIS FORM MUST BE SUBMITTED TO THE DEPARTMENT OF INSURANCE
WITHIN SIXTY (60) DAYS OF THE PRESENTATION/COMPLETION DATE OF THE COURSE.**

Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043